

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | T-G      |        | 10/22/01 |
| O.I.P.E. CLASSIFIER       |          | 2      |          |
| FORMALITY REVIEW          | AB       | 535    | 01-03-02 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date            |
|----------|-----------------|
| Final    |                 |
| Original |                 |
| 1        | 12/4/7/10/10/03 |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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